

# EXHIBIT M-5



# Your 2018 Formulary

Effective July 1, 2018



**For the most current list of covered medications or if you have questions:**



Call the toll-free member phone number on your ID card.



Visit your plan's member website listed on your ID card to:

- Locate a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

**Select Standard**

## Understanding your formulary

### What is a formulary?

A formulary is a list of prescribed medications selected by your plan for their safety, cost and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. It includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA).

### How do I use my formulary?

You and your doctor can consult the formulary to help you select the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. If your medication is not listed here, please visit your plan's member website or call the toll-free member phone number on your ID card.

### About this formulary

Where differences exist between this formulary and your benefit plan documents, the benefit plan documents rule. This may not be a complete list of medications, and not all medications listed may be covered by your plan. Please look at the benefit plan documents provided by your employer or plan sponsor for full details.

### What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, determined by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

### When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equivalent becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

When a medication changes tiers, you may have to pay a different amount for that medication.

### Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication.

### What if I don't agree with a decision about an excluded medication?

You (or your authorized representative) and your doctor can ask for an initial coverage decision by calling the toll-free member phone number on your ID card.

## Medication tips

### **What is the difference between brand-name and generic medications?**

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they often cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

### **What if my doctor writes a brand-name prescription?**

If your doctor gives you a prescription for a brand-name medication, ask if a generic equivalent or lower-cost option is available and could be right for you. Generic medications are usually your lowest-cost option.

### **What if I am taking a specialty medication?**

Specialty medications treat rare or complex conditions and are typically higher cost medications. Please note, not all specialty medications are listed in the formulary. BrivoRx®, the OptumRx specialty pharmacy, can provide most of your specialty medications along with helpful programs and services. Call BrivoRx and have your prescriptions delivered right to your home or doctor's office.

### **Over-the-counter medications**

An OTC medication may be the right treatment option for some conditions. Talk to your doctor about available OTC options. Even though these medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

## Reading your formulary

The formulary gives you choices so you and your doctor can determine your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

### Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost. Your plan may have multiple or no tiers. Please note: If you have a high deductible plan, the tier cost levels will apply once you hit your deductible.

Drug Tier	Includes	Helpful Tips
<b>Tier 1</b>	\$ <b>Lower-cost</b> generics and some brand-name	Use Tier 1 drugs for the lowest out-of-pocket costs.
<b>Tier 2</b>	\$\$ <b>Mid-range cost</b> preferred brand-name	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.
<b>Tier 3</b>	\$\$\$ <b>Highest-cost</b> non-preferred	Many Tier 3 drugs have lower-cost options in Tier 1 or 2. Ask your doctor if they could work for you.

### Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan determines how these medications may be covered for you.

<b>PA</b>	<b>Prior Authorization</b> – Your doctor is required to provide additional information to determine coverage.
<b>QL</b>	<b>Quantity Limit</b> – Medication may be limited to a certain quantity.
<b>SP</b>	<b>Specialty Medication</b> – Medication is designated as specialty.
<b>ST</b>	<b>Step Therapy</b> – Trial of lower-cost medication(s) is required before a higher-cost medication can be covered.
<b>3P</b>	Tier 3 preferred

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Analgesics - Drugs for Pain</b>					
acetaminophen-codeine #2	1	QL	oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	QL
acetaminophen-codeine #3	1	QL	OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT	2	PA; QL
acetaminophen-codeine #4	1	QL	tramadol hcl ir	1	QL
acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg	1	QL	tramadol-acetaminophen	1	QL
butalbital-apap-cafeine oral capsule	1		ZOHYDRO ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG	3	PA; QL
butalbital-apap-cafeine oral tablet 50-325-40 mg	1		<b>Analgesics - Drugs for Pain and Inflammation</b>		
EMBEDA	2	PA; QL	celecoxib oral	1	QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	1	PA; QL	diclofenac potassium	1	
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	QL	diclofenac sodium oral	1	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	1	QL	diclofenac sodium transdermal gel 1 %	1	QL
HYSINGLA ER	2	PA; QL	etodolac oral tablet	1	
methadone hcl oral tablet	1	PA	FLECTOR	3	QL
morphine sulfate er oral tablet extended release	1	PA; QL	ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	QL	indomethacin oral	1	
			ketorolac tromethamine oral	1	QL
			meloxicam oral tablet	1	
			nabumetone oral	1	
			naproxen oral tablet	1	
			naproxen sodium oral tablet 275 mg, 550 mg	1	
			sulindac oral	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Anesthetics</b>			amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	1	
lidocaine external ointment	1		amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
lidocaine external patch 5 %	1		azithromycin oral suspension reconstituted	1	
<b>Anti-Addiction / Substance Abuse Treatment Agents</b>			azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG	3	QL	BETHKIS	2	SP
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	QL	cefdinir	1	
buprenorphine hcl-naloxone hcl sublingual tablet 2-0.5 mg, 8-2 mg	1	QL	cefuroxime axetil oral tablet	1	
CHANTIX STARTING MONTH PAK	3	QL	cephalexin oral capsule	1	
naltrexone hcl oral	1		cephalexin oral suspension reconstituted	1	
NARCAN	2		ciprofloxacin hcl oral	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	2	QL	clarithromycin oral tablet	1	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG	2	QL	clindamycin hcl oral	1	
<b>Antibacterials</b>			clindamycin phosphate external gel	1	
amoxicillin oral capsule	1		clindamycin phosphate external lotion	1	
amoxicillin oral suspension reconstituted	1		clindamycin phosphate external solution	1	
amoxicillin oral tablet	1		CLINDESSE	3	
			DORYX MPC	3	
			doxycycline hyclate oral capsule	1	
			doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
doxycycline monohydrate oral capsule	1		XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	2	QL
doxycycline monohydrate oral tablet	1		XARELTO STARTER PACK	2	QL
levofloxacin oral tablet	1		<b>Anticonvulsants - Drugs for Seizures</b>		
metronidazole oral tablet	1		carbamazepine oral tablet	1	
metronidazole vaginal	1		divalproex sodium er oral tablet extended release 24 hour	1	
minocycline hcl oral capsule	1		divalproex sodium oral tablet delayed release	1	
mupirocin external	1		gabapentin oral capsule	1	
nitrofurantoin macrocrystal oral	1		gabapentin oral tablet	1	
nitrofurantoin monohydrate macrocrystals	1		lamotrigine oral tablet	1	
penicillin v potassium oral tablet	1		levetiracetam oral tablet	1	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG	3		oxcarbazepine oral tablet	1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	1		phenytoin sodium extended	1	
sulfamethoxazole-trimethoprim oral tablet	1		topiramate oral tablet	1	
<b>Anticoagulants</b>			VIMPAT	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG	3	QL	zonisamide oral	1	
enoxaparin sodium	1	SP; QL	<b>Antidementia Agents - Drugs for Alzheimer's Disease and Dementia</b>		
PRADAXA	2	QL	donepezil hcl oral tablet	1	
SAVAYSA	3	QL	memantine hcl oral tablet 10 mg, 5 mg	1	
warfarin sodium oral	1		NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG	2	QL
			<b>Antidepressants</b>		
			amitriptyline hcl oral	1	
			bupropion hcl er (sr)	1	QL

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Drug Name	Drug Tier	Notes
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	1	QL
bupropion hcl oral	1	
citalopram hydrobromide oral tablet	1	
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	1	QL
doxepin hcl oral capsule	1	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	1	QL
DULOXETINE HCL ORAL CAPSULE DELAYED RELEASE PARTICLES 40 MG	3	QL
escitalopram oxalate oral tablet	1	
fluoxetine hcl oral capsule	1	
fluoxetine hcl oral tablet	1	
FORFIVO XL	2	QL
mirtazapine oral tablet	1	
nortriptyline hcl oral capsule	1	
paroxetine hcl er	1	
paroxetine hcl oral tablet	1	
sertraline hcl oral tablet	1	
trazodone hcl oral	1	
TRINTELLIX	3	ST; QL
venlafaxine hcl	1	
venlafaxine hcl er	1	
VIIBRYD ORAL TABLET	3	QL

Drug Name	Drug Tier	Notes
VIIBRYD STARTER PACK	3	QL
<b>Antiemetics - Drugs for Nausea and Vomiting</b>		
meclizine hcl oral tablet 25 mg	1	
metoclopramide hcl oral tablet	1	
ondansetron hcl oral tablet 24 mg	1	QL
ondansetron hcl oral tablet 4 mg, 8 mg	1	
ondansetron odt	1	QL
prochlorperazine maleate oral	1	
VARUBI ORAL	3	QL
<b>Antifungals</b>		
fluconazole oral tablet	1	
GYNAZOLE-1	3	
JUBLIA	3	PA
KERYDIN	3	PA
ketoconazole external cream	1	
ketoconazole external shampoo	1	
nystatin external cream	1	
nystatin mouth/throat	1	
terbinafine hcl oral	1	QL
terconazole vaginal cream	1	
<b>Antigout Agents</b>		
allopurinol oral	1	
COLCHICINE ORAL TABLET	3	
COLCRYS	2	

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Drug Name	Drug Tier	Notes
ULORIC	2	ST
ZURAMPIC	3	ST
<b>Antimigraine Agents</b>		
MIGRANAL	3	QL
ONZETRA XSAIL	3	ST; QL
rizatriptan benzoate	1	QL
sumatriptan succinate oral	1	QL
SUMAVEL DOSEPRO SUBCUTANEOUS SOLUTION JET-INJECTOR	3	QL
<b>Antineoplastics - Drugs for Cancer</b>		
anastrozole oral	1	
CABOMETYX	2	PA; SP
capecitabine	1	PA; SP
IBRANCE	3	PA; SP
letrozole oral	1	
mercaptopurine oral	1	SP
REVLIMID	3	PA; SP
SPRYCEL	2	PA; SP
tamoxifen citrate oral	1	
XTANDI	3	PA; SP
ZYTIGA	3	PA; SP
<b>Antiparasitics</b>		
EMVERM	2	
hydroxychloroquine sulfate oral	1	
permethrin external cream	1	
SOOLANTRA	2	
<b>Antiparkinson Agents</b>		
benztropine mesylate oral	1	

Drug Name	Drug Tier	Notes
carbidopa-levodopa oral tablet	1	
pramipexole dihydrochloride	1	
ropinirole hcl	1	
ZELAPAR	3	
<b>Antiplatelets</b>		
BRILINTA	2	
cilostazol	1	
clopidogrel bisulfate oral	1	
<b>Antipsychotics - Drugs for Mood Disorders</b>		
aripiprazole oral tablet	1	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	3	
haloperidol oral	1	
INVEGA SUSTENNA	3	
INVEGA TRINZA	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	3	ST; QL
olanzapine oral tablet	1	QL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	1	QL
REXULTI	3	QL
risperidone oral tablet	1	QL
SAPHRIS	2	QL
ziprasidone hcl	1	QL
<b>Antivirals</b>		
abacavir sulfate-lamivudine	1	SP

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
acyclovir oral capsule	1		VOSEVI	2	PA; SP; QL
acyclovir oral tablet	1		ZOVIRAX EXTERNAL CREAM	2	
ATRIPLA	2	SP	ZOVIRAX EXTERNAL OINTMENT	3	
COMPLERA	2	SP	<b>Anxiolytics - Drugs for Anxiety</b>		
DESCOVY	2	SP	alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	QL
entecavir	1	SP; QL	buspirone hcl oral	1	
EPCLUSA	2	PA; SP; QL	clonazepam oral tablet	1	QL
GENVOYA	2	SP	diazepam oral tablet	1	
HARVONI	2	PA; SP; QL	hydroxyzine hcl oral tablet	1	
INTELENCE	2	SP	hydroxyzine pamoate oral	1	
ISENTRESS ORAL TABLET	2	SP	lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	QL
MAVYRET	2	PA; SP; QL	triazolam	1	QL
NORVIR ORAL TABLET	2	SP	<b>Bipolar Agents - Drugs for Mood Disorders</b>		
ODEFSEY	2	SP	lithium carbonate er	1	
oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg	1	QL	lithium carbonate oral capsule	1	
PREZCOBIX	2	SP	<b>Blood Products / Modifiers / Volume Expanders - Drugs for Bleeding Disorders</b>		
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG	2	SP	AFSTYLA	3	SP
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG	3	SP	ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML	2	PA; SP
STRIBILD	2	SP	ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	2	PA; SP
TIVICAY	2	SP			
TRIUMEQ	2	SP			
TRUVADA	2	SP			
valacyclovir hcl oral	1	QL			
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	2	SP			
VIREAD ORAL TABLET 300 MG	3	SP			

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
GRANIX	2	PA; SP	choline fenofibrate	1	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	2	PA; SP	clonidine hcl oral	1	
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE	2	PA; SP	CRESTOR	3	
NUWIQ	3	SP	digox	1	
PROCRT	2	PA; SP	digoxin oral tablet	1	
ZARXIO	2	PA; SP	diltiazem hcl er beads	1	
<b>Cardiovascular Agents - Drugs for Heart and Circulation Conditions</b>			diltiazem hcl er coated beads oral capsule extended release 24 hour	1	
amiodarone hcl oral	1		diltiazem hcl oral	1	
amlodipine besylate oral	1		doxazosin mesylate	1	
amlodipine besylate-benazepril hcl	1		EDARBI	3	ST
amlodipine besylate-valsartan	1		EDARBYCLOR	3	ST
atenolol oral	1		enalapril maleate oral	1	
atenolol-chlorthalidone	1		ezetimibe	1	
atorvastatin calcium oral	1		ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg	1	
benazepril hcl oral	1		ezetimibe-simvastatin oral tablet 10-80 mg	1	PA
benazepril-hydrochlorothiazide	1		fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	1	
bisoprolol fumarate	1		fenofibrate oral tablet	1	
bisoprolol-hydrochlorothiazide	1		fenofibric acid oral capsule delayed release	1	
bumetanide oral	1		flecainide acetate	1	
BYSTOLIC	2		furosemide oral tablet	1	
BYVALSON	2		gemfibrozil oral	1	
cartia xt	1		guanfacine hcl oral	1	
carvedilol	1		hydralazine hcl oral	1	
chlorthalidone oral tablet 25 mg, 50 mg	1		hydrochlorothiazide oral	1	
			irbesartan	1	
			irbesartan-hydrochlorothiazide	1	

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
isosorbide mononitrate er	1		propranolol hcl oral tablet	1	
labetalol hcl oral	1		quinapril hcl	1	
LIPOFEN	2		ramipril	1	
lisinopril oral	1		RANEXA	2	ST
lisinopril-hydrochlorothiazide	1		REPATHA	2	PA; SP; QL
LIVALO	3	ST	REPATHA PUSHTRONEX SYSTEM	2	PA; SP; QL
losartan potassium	1		REPATHA SURECLICK	2	PA; SP; QL
losartan potassium-hctz	1		rosuvastatin calcium	1	
lovastatin	1		simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
metoprolol succinate er	1		simvastatin oral tablet 80 mg	1	PA
metoprolol tartrate oral	1		sotalol hcl oral	1	
MULTAQ	3		spironolactone oral	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1		TEKTURNA	2	ST
niacin er (antihyperlipidemic)	1		TEKTURNA HCT	2	ST
nifedipine er	1		telmisartan	1	
nifedipine er osmotic release	1		torsemide oral	1	
nitroglycerin sublingual	1		triamterene-hctz	1	
olmesartan medoxomil oral	1		valsartan	1	
olmesartan medoxomil-hctz	1		valsartan-hydrochlorothiazide	1	
omega-3-acid ethyl esters	1		VASCEPA	2	
pentoxifylline er	1		verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	1	
PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	PA; SP; QL	verapamil hcl oral	1	
pravastatin sodium	1		WELCHOL	2	
prazosin hcl oral	1		<b>Central Nervous System Agents - Drugs for Attention Deficit Disorder</b>		
propranolol hcl er	1		ADDERALL XR	3	PA; ST; QL
			amphetamine-dextroamphetamine	1	PA; QL

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Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
amphetamine-dextroamphetamine er	1	PA; QL	BETASERON SUBCUTANEOUS KIT	2	PA; SP; QL
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	QL	COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML	2	PA; SP; QL
dexmethylphenidate hcl	1	PA; QL	GILENYA	3	PA; 3P; SP; QL
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	PA; QL	TECFIDERA ORAL	2	PA; SP; QL
guanfacine hcl er	1		TECFIDERA ORAL CAPSULE DELAYED RELEASE	2	PA; SP; QL
methylphenidate hcl er oral tablet extended release 10 mg, 18 mg, 20 mg, 27 mg, 36 mg, 54 mg	1	PA; QL	<b>Central Nervous System Agents - Miscellaneous</b>		
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg	1	PA; QL	CONTRACE	2	PA
methylphenidate hcl oral tablet	1	PA; QL	GRALISE ORAL TABLET 300 MG, 600 MG	3	ST; QL
VYVANSE	2	PA; QL	GRALISE STARTER	3	ST; QL
<b>Central Nervous System Agents - Drugs for Multiple Sclerosis</b>			LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	2	QL
AMPYRA	2	PA; SP; QL	phentermine hcl oral tablet	1	PA
AUBAGIO	3	PA; SP; QL	<b>Dental and Oral Agents - Drugs for Mouth and Throat Conditions</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	2	PA; SP; QL	chlorhexidine gluconate mouth/throat	1	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	2	PA; SP; QL	lidocaine viscous	1	
AVONEX VIAL INTRAMUSCULAR KIT	2	PA; SP; QL	<b>Dermatological Agents - Drugs for Skin Conditions</b>		
			ABSORICA	3	PA
			ACZONE	3	
			adapalene external gel	1	PA

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ATRALIN	3	PA	OXSORALEN ULTRA	2	
claravis	1	PA	RETIN-A MICRO GEL 0.04 %, 0.1 %	3	PA
clindamycin phosphate-benzoyl peroxide external gel 1-5 %	1		RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 %	3	PA
clotrimazole-betamethasone external cream	1		RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %	2	PA
COSENTYX 150 MG/ML	3	PA; 3P; SP	STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
COSENTYX 300 DOSE	3	PA; 3P; SP	TACLONEX EXTERNAL OINTMENT	3	QL
COSENTYX SENSOREADY 300 DOSE	3	PA; 3P; SP	TACLONEX EXTERNAL SUSPENSION	3	QL
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	3	PA; 3P; SP	TAZORAC	3	
DIFFERIN EXTERNAL GEL 0.3 %	3	PA	tretinoin external cream	1	PA
DIFFERIN EXTERNAL LOTION	3	PA	VECTICAL	3	
DUPIXENT	2	PA; SP; QL	ZYCLARA	3	
ELIDEL	2	ST	ZYCLARA PUMP	3	
ENSTILAR	3	QL	<b>Diabetes - Antidiabetic Agents</b>		
EPIDUO	3		BYDUREON BCISE AUTOINJECTOR	2	ST; QL
EPIDUO FORTE	3		BYDUREON PEN	2	ST; QL
EUCRISA	2	ST	BYDUREON VIAL	2	ST; QL
FLUOROPLEX	3		BYETTA 10 MCG PEN	2	ST; QL
METROGEL EXTERNAL GEL	3		BYETTA 5 MCG PEN	2	ST; QL
metronidazole external gel	1		FARXIGA	3	ST
MIRVASO	2		glimepiride	1	
ONEXTON	3		glipizide er	1	
ORACEA	3		glipizide ir	1	
			glipizide xl	1	
			glyburide oral	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.



Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
glyburide-metformin	1		ACCU-CHEK COMPACT PLUS CARE KIT	2	
INVOKAMET	2	ST	ACCU-CHEK COMPACT PLUS TEST STRIPS	2	QL
INVOKAMET XR	2	ST	ACCU-CHEK FASTCLIX LANCET KIT	2	
INVOKANA	2	ST	ACCU-CHEK FASTCLIX LANCETS	2	
JANUMET	2	ST	ACCU-CHEK GUIDE	2	
JANUMET XR	2	ST	ACCU-CHEK GUIDE TEST STRIPS	2	QL
JANUVIA	2	ST	ACCU-CHEK MULTICLIX LANCET DEVICE KIT	2	
JARDIANCE	2	ST	ACCU-CHEK MULTICLIX LANCETS	2	
JENTADUETO	2	ST	ACCU-CHEK NANO SMARTVIEW KIT W/DEVICE	2	
JENTADUETO XR	2	ST	ACCU-CHEK SMARTVIEW TEST STRIPS	2	QL
KOMBIGLYZE XR	3	ST	ACCU-CHEK SOFT TOUCH LANCETS	2	
metformin hcl er	1		ACCU-CHEK SOFTCLIX LANCET DEVICE KIT	2	
metformin hcl er (mod)	1	PA	ACCU-CHEK SOFTCLIX LANCETS	2	
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg	1		DEXCOM G4 PLATINUM PEDIATRIC RECEIVER DEVICE	3	
metformin hcl ir	1		DEXCOM G4 PLATINUM RECEIVER, SENSOR, TRANSMITTER DEVICE	3	
ONGLYZA	3	ST	DEXCOM G5 SENSOR, TRANSMITTER, MOBILE RECEIVER	3	
pioglitazone hcl	1				
SOLIQUA	2	ST; QL			
SYNJARDY	2	ST			
SYNJARDY XR	2	ST			
TRADJENTA	2	ST			
TRULICITY	2	ST; QL			
VICTOZA	2	ST; QL			
<b>Diabetes - Glucose Monitoring</b>					
ACCU-CHEK AVIVA CONNECT KIT W/DEVICE	2				
ACCU-CHEK AVIVA PLUS	2				
ACCU-CHEK AVIVA PLUS TEST STRIPS	2	QL			

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ONETOUGH ULTRA 2 KIT W/DEVICE	2		HUMULIN R U-500 KWIKPEN	2	
ONETOUGH ULTRA BLUE TEST STRIPS	2	QL	HUMULIN R U-500 VIAL (CONCENTRATED)	2	
ONETOUGH ULTRA MINI KIT W/DEVICE	2		HUMULIN R VIAL	2	
ONETOUGH VERIO	2		LANTUS U-100 SOLOSTAR	2	
ONETOUGH VERIO FLEX SYSTEM KIT W/DEVICE	2		LANTUS U-100 VIAL	2	
ONETOUGH VERIO TEST STRIPS	2	QL	LEVEMIR U-100 FLEXTOUCH	2	
ONETOUGH VERIO IQ SYSTEM KIT W/DEVICE	2		LEVEMIR U-100 VIAL	2	
ONETOUGH VERIO SYNC SYSTEM KIT W/DEVICE	2		NOVOFINE AUTOCOVER PEN NEEDLE	2	
<b>Diabetes - Insulins</b>			NOVOFINE PEN NEEDLE	2	
HUMALOG U-100 AND U-200 KWIKPEN	2		NOVOFINE PLUS PEN NEEDLE	2	
HUMALOG MIX 50/50 KWIKPEN	2		NOVOLIN 70/30 VIAL	2	
HUMALOG MIX 50/50 VIAL	2		NOVOLIN N VIAL	2	
HUMALOG MIX 75/25 KWIKPEN	2		NOVOLIN R VIAL	2	
HUMALOG MIX 75/25 VIAL	2		NOVOLOG U-100 FLEXPEN	2	
HUMALOG U-100 JUNIOR KWIKPEN	2		NOVOLOG MIX 70/30 FLEXPEN	2	
HUMALOG U-100 VIAL AND CARTRIDGE	2		NOVOLOG MIX 70/30 VIAL	2	
HUMULIN 70/30 KWIKPEN	2		NOVOLOG U-100 PENFILL	2	
HUMULIN 70/30 VIAL	2		NOVOLOG U-100 VIAL	2	
HUMULIN N KWIKPEN	2		NOVOTWIST PEN NEEDLE 32G X 5 MM	2	
HUMULIN N VIAL	2		TOUJEO SOLOSTAR	2	
			TRESIBA FLEXTOUCH	3	
			<b>Electrolytes / Minerals / Metals / Vitamins</b>		
			cyanocobalamin injection	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
folic acid oral tablet 1 mg	1	
klor-con m20	1	
ludent	1	
potassium chloride cryser	1	
potassium chloride er	1	
potassium citrate er	1	
VELTASSA	3	
vitamin d (ergocalciferol)	1	
<b>Gastrointestinal Agents - Drugs for Acid Reflux and Ulcer</b>		
DEXILANT	2	QL
esomeprazole magnesium	1	QL
famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule delayed release	1	QL
omeprazole oral capsule delayed release	1	QL
pantoprazole sodium oral	1	QL
rabeprazole sodium	1	QL
ranitidine hcl oral capsule	1	
ranitidine hcl oral syrup	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
sucralfate oral tablet	1	
<b>Gastrointestinal Agents - Drugs for Bowel, Intestine and Stomach Conditions</b>		
AMITIZA	2	ST; QL
dicyclomine hcl oral capsule	1	
dicyclomine hcl oral tablet	1	

Drug Name	Drug Tier	Notes
diphenoxylate-atropine oral tablet	1	
gavilyte-g	1	
LINZESS	2	ST; QL
MOVIPREP	3	
OMECLAMOX-PAK	2	
polyethylene glycol 3350 oral powder	1	
PREPOPIK	3	
PYLERA	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	3	PA; QL
SUPREP BOWEL PREP KIT	3	
VIBERZI	3	PA; QL
<b>Genetic or Enzyme Disorder: Drugs for Replacement, Modifiers, Treatment</b>		
CERDELGA	3	PA; SP
CREON	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000 UNIT, 15000 UNIT, 20000-63000 UNIT, 25000 UNIT, 3000-10000 UNIT, 5000 UNIT	2	
<b>Genitourinary Agents - Drugs for Bladder, Genital and Kidney Conditions</b>		
CIALIS ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	2	QL
DEPEN TITRATABS	2	SP
MYRBETRIQ	2	
oxybutynin chloride er	1	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
oxybutynin chloride oral tablet	1		hydrocortisone external ointment 2.5 %	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1		hydrocortisone oral	1	
REVELA ORAL TABLET	2		methylprednisolone oral	1	
tolterodine tartrate er	1		mometasone furoate external cream	1	
TOVIAZ	3		prednisolone oral solution	1	
VELPHORO	3		prednisolone oral syrup 15 mg/5ml	1	
VESICARE	2		prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
VIAGRA	3	QL	prednisone oral tablet	1	
<b>Genitourinary Agents - Drugs for Prostate Conditions</b>			prednisone oral tablet therapy pack	1	
alfuzosin hcl er	1		triamcinolone acetonide external cream	1	
finasteride oral tablet 5 mg	1		triamcinolone acetonide external ointment	1	
RAPAFLO	2		<b>Hormonal Agents - Men's Health</b>		
tamsulosin hcl	1		ANDRODERM TRANSDERMAL PATCH 24 HOUR	2	PA
terazosin hcl oral	1		ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%)	2	PA
<b>Hormonal Agents - Adrenal</b>			ANDROGEL TRANSDERMAL GEL 20.25 MG/1.25GM (1.62%), 40.5 MG/2.5GM (1.62%)	2	PA
betamethasone valerate external cream	1		testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml	1	PA
clobetasol propionate external cream	1				
clobetasol propionate external ointment	1				
clobetasol propionate external solution	1				
CLOBEX SPRAY	3				
dexamethasone oral tablet	1				
fluocinonide external cream	1				
hydrocortisone external cream 2.5 %	1				

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
<b>Hormonal Agents - Osteoporosis</b>		
OSPHENA	3	
raloxifene hcl	1	
<b>Hormonal Agents - Pituitary</b>		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	2	PA; SP
GONAL-F	2	PA; SP
GONAL-F RFF	2	PA; SP
GONAL-F RFF REDIJECT	2	PA; SP
HP ACTHAR	2	PA; SP
LUPRON DEPOT (1- MONTH) INTRAMUSCULAR KIT 7.5 MG	2	PA; SP
LUPRON DEPOT (3- MONTH) INTRAMUSCULAR KIT 22.5 MG	2	PA; SP
LUPRON DEPOT (4- MONTH) INTRAMUSCULAR KIT 30MG	2	PA; SP
LUPRON DEPOT (6- MONTH) INTRAMUSCULAR KIT 45MG	2	PA; SP
NORDITROPIN FLEXPRO	2	PA; SP
NUTROPIN AQ NUSPIN 10	2	PA; SP
NUTROPIN AQ NUSPIN 20	2	PA; SP
NUTROPIN AQ NUSPIN 5	2	PA; SP
OMNITROPE	2	PA; SP

Drug Name	Drug Tier	Notes
OVIDREL	3	SP
<b>Hormonal Agents - Sex Hormones and Birth Control</b>		
apri	1	
aviane	1	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	
blisovi fe 1/20	1	
CLIMARA PRO	2	
cryselle-28	1	
DIVIGEL	3	
drospirenone-ethinyl estradiol	1	
DUAVEE	2	
ELESTRIN	3	
ENDOMETRIN	2	
enskyce	1	
ESTRACE VAGINAL	3	
estradiol oral	1	
estradiol transdermal	1	
jolivette	1	
junel 1/20	1	
junel fe 1.5/30	1	
junel fe 1/20	1	
levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg, 0.15-30 mg- mcg	1	
LO LOESTRIN FE	3	
loryna	1	
low-ogestrel	1	
MAKENA INTRAMUSCULAR	2	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
medroxyprogesterone acetate intramuscular	1	QL	tri-lo-sprintec	1	
medroxyprogesterone acetate oral	1		trinessa (28)	1	
microgestin 1.5/30	1		trinessa lo	1	
microgestin 1/20	1		tri-sprintec	1	
microgestin fe 1.5/30	1		vienva	1	
microgestin fe 1/20	1		viorele	1	
MINIVELLE	3		xulane	1	
mono-lynyah	1		yuvaferm	1	
mononessa	1		<b>Hormonal Agents - Thyroid</b>		
NATAZIA	2		ARMOUR THYROID	3	
nikki	1		levo-t	1	
norethindrone acet-ethinyl est oral tablet	1		levothyroxine sodium oral	1	
norethindrone oral	1		levoxyl	1	
norgestimate-ethinyl estradiol triphasic	1		liothyronine sodium oral	1	
nortrel 1/35 (21)	1		methimazole oral	1	
nortrel 1/35 (28)	1		NATURE-THROID ORAL TABLET 113.75 MG, 130 MG, 146.25 MG, 16.25 MG, 195 MG, 260 MG, 32.5 MG, 325 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG	3	
NUVARING	2		SYNTHROID	3	
ocella	1		TIROSINT	3	
portia-28	1		<b>Immunological Agents - Drugs for Immune System Stimulation or Suppression</b>		
PREMARIN ORAL	2		azathioprine oral	1	
PREMARIN VAGINAL	2		CIMZIA PREFILLED KIT	2	PA; SP
PREMPHASE	2		CIMZIA STARTER KIT	2	PA; SP
PREMPRO	2		CIMZIA VIAL KIT	2	PA; SP
progesterone micronized oral	1		cyclosporine modified oral capsule	1	SP
SAFYRAL	3				
sprintec 28	1				
tri-estarylla	1				
tri-lynyah	1				
tri-lo-marzia	1				

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP	ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO- INJECTOR	3	PA; SP	OTEZLA ORAL TABLET	2	PA; SP
HAEGARDA	3	PA; SP	OTEZLA ORAL TABLET THERAPY PACK	2	PA; SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	2	PA; SP	PROGRAF ORAL	3	SP
HUMIRA PEN SUBCUTANEOUS PEN- INJECTOR KIT	2	PA; SP	RASUVO SUBCUTANEOUS SOLUTION AUTO- INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	2	PA; QL
HUMIRA PEN-CROHNS STARTER SUBCUTANEOUS PEN- INJECTOR KIT	2	PA; SP	REMICADE	2	PA; SP
HUMIRA PEN- PSORIASIS STARTER SUBCUTANEOUS PEN- INJECTOR KIT	2	PA; SP	SIMPONI ARIA	2	PA; SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT	2	PA; SP	SIMPONI SUBCUTANEOUS SOLUTION AUTO- INJECTOR	2	PA; SP
methotrexate oral	1		SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	2	PA; SP
methotrexate sodium oral	1		STELARA INTRAVENOUS	2	PA; SP
mycophenolate mofetil oral capsule	1	SP	tacrolimus oral	1	SP
mycophenolate mofetil oral tablet	1	SP	TREMFYA	2	PA; SP
mycophenolate sodium	1	SP	XELJANZ XR	3	PA; SP

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
<b>Immunological Agents - Drugs for Vaccination</b>			FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5	3		<b>Inflammatory Bowel Disease Agents</b>		
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		APRISO	2	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		CANASA	2	
FLUVIRIN INTRAMUSCULAR SUSPENSION	3		DELZICOL	3	ST
FLUVIRIN INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		DIPENTUM	3	
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3		mesalamine oral tablet delayed release 1.2 gm	1	
			MESALAMINE ORAL TABLET DELAYED RELEASE 800 MG	3	ST
			PENTASA	3	
			PROCTOFOAM HC	2	
			sulfasalazine oral tablet	1	
			UCERIS RECTAL	3	
			<b>Metabolic Bone Disease Agents - Drugs for Osteoporosis</b>		
			alendronate sodium oral tablet 10 mg, 40 mg, 5 mg	1	
			alendronate sodium oral tablet 35 mg, 70 mg	1	QL
			BINOSTO	3	QL
			calcitriol oral capsule	1	
			FORTEO SUBCUTANEOUS SOLUTION 600 MCG/2.4ML	2	PA; SP
			ibandronate sodium oral	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.



Drug Name	Drug Tier	Notes
TYMLOS	2	PA; SP
<b>Miscellaneous Therapeutic Agents</b>		
BOTOX	2	PA; Non-Cosmetic; SP
CETYLEV	3	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	2	PA; SP
<b>Ophthalmic Agents - Drugs for Eye Allergy, Infection and Inflammation</b>		
AZASITE	3	
BESIVANCE	3	
ciprofloxacin hcl ophthalmic	1	
erythromycin ophthalmic	1	
gentamicin sulfate ophthalmic solution	1	
ketorolac tromethamine ophthalmic	1	
MOXEZA	2	
moxifloxacin hcl ophthalmic	1	
ofloxacin ophthalmic	1	
olopatadine hcl ophthalmic	1	
PAZEO	2	
prednisolone acetate ophthalmic	1	
PROLENSA	3	QL

Drug Name	Drug Tier	Notes
tobramycin ophthalmic	1	
<b>Ophthalmic Agents - Drugs for Glaucoma</b>		
ALPHAGAN P	2	
AZOPT	2	
BETIMOL	3	
brimonidine tartrate ophthalmic	1	
COMBIGAN	2	
COSOPT PF	3	
dorzolamide hcl-timolol mal	1	
latanoprost ophthalmic	1	QL
LUMIGAN OPTHALMIC SOLUTION 0.01 %	2	QL
SIMBRINZA	2	
timolol maleate ophthalmic solution	1	
TRAVATAN Z	2	QL
ZIOPTAN	3	QL
<b>Ophthalmic Agents - Drugs for Miscellaneous Eye Conditions</b>		
LASTACFT	3	ST
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
polymyxin b-trimethoprim	1	
RESTASIS	2	PA
RESTASIS MULTIDOSE	2	PA
tobramycin-dexamethasone	1	
XIIDRA	2	PA
<b>Otic Agents - Drugs for Ear Conditions</b>		
CIPRODEX	2	

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
neomycin-polymyxin-hc otic solution 1 %	1	
neomycin-polymyxin-hc otic suspension	1	
ofloxacin otic	1	
<b>Respiratory Tract / Pulmonary Agents - Drugs for Allergies, Cough, Cold</b>		
ASTEPRO NASAL SOLUTION 0.15 %	3	QL
azelastine hcl nasal	1	QL
benzonatate	1	
cetirizine hcl oral solution	1	
cetirizine hcl oral syrup 1 mg/ml	1	
DYMISTA	2	QL
fluticasone propionate nasal	1	
hydrocodone polst-cpm polst er oral suspension extended release 10-8 mg/5ml	1	PA; QL
ipratropium bromide nasal	1	
levocetirizine dihydrochloride oral tablet	1	
mometasone furoate nasal	1	QL
OMNARIS	3	QL
promethazine hcl oral tablet	1	
promethazine-codeine	1	PA; QL
promethazine-dm	1	
pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml	1	

Drug Name	Drug Tier	Notes
QNASL	3	QL
QNASL CHILDRENS	3	QL
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE	3	PA; QL
XOLAIR	2	PA; SP
ZETONNA	3	QL
ZUTRIPRO	3	PA; QL
<b>Respiratory Tract / Pulmonary Agents - Drugs for Asthma and Other Lung Conditions</b>		
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
AEROSPAN	3	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	1	QL
ANORO ELLIPTA	2	QL
ARNUIITY ELLIPTA	2	QL
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/INH, 200-25 MCG/INH	2	QL
budesonide inhalation	1	QL
COMBIVENT RESPIMAT	2	QL
DULERA	3	ST; QL
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML	3	ST; Made by Impax

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes	Drug Name	Drug Tier	Notes
EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	2	Made by Mylan	QVAR INHALATION AEROSOL SOLUTION 40 MCG/ACT, 80 MCG/ACT	2	QL
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	2	Made by Mylan	SEREVENT DISKUS	2	QL
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML INJECTION	3	ST; Made by Impax	SPIRIVA HANDIHALER	2	QL
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 250 MCG/BLIST, 50 MCG/BLIST	2	QL	SPIRIVA RESPIMAT	2	QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT	2	QL	STIOLTO RESPIMAT	2	QL
INCRUSE ELLIPTA	2	QL	SYMBICORT	2	QL
ipratropium bromide inhalation	1	QL	VENTOLIN HFA	2	QL
ipratropium-albuterol	1	QL	<b>Respiratory Tract / Pulmonary Agents - Drugs for Pulmonary Hypertension</b>		
montelukast sodium oral tablet	1		ADCIRCA	3	PA; SP; QL
montelukast sodium oral tablet chewable	1		ADEMPAS	2	PA; SP; QL
PERFOROMIST	3	QL	LETAIRIS	2	PA; SP; QL
PROAIR HFA	2	QL	OPSUMIT	2	PA; SP; QL
PROAIR RESPICLICK	2	QL	ORENITRAM	3	PA; SP
PROVENTIL HFA	3	ST; QL	sildenafil citrate oral tablet 20 mg	1	PA; SP; QL
PULMICORT FLEXHALER	2	QL	TRACLEER ORAL TABLET	2	PA; SP; QL
			TRACLEER ORAL TABLET SOLUBLE	2	PA; SP; QL
			<b>Skeletal Muscle Relaxants - Drugs for Muscle Tension and Spasm</b>		
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			carisoprodol oral	1	
			cyclobenzaprine hcl oral	1	
			LORZONE	3	
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			orphenadrine citrate er	1	
			tizanidine hcl oral tablet	1	
			<b>Sleep Disorder Agents</b>		
			eszopiclone	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

Drug Name	Drug Tier	Notes
modafinil	1	PA; QL
SILENOR	3	QL
temazepam	1	QL
zolpidem tartrate er	1	QL
zolpidem tartrate oral	1	QL

For more information regarding the tiers and designations in this drug list, please see the *Reading your formulary* section of this booklet.

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## Nondiscrimination notice and access to communication services

OptumRx and its family of affiliated Optum companies does not discriminate on the basis of race, color, national origin, age, disability, or sex in its health programs or activities.

We provide assistance free of charge to people with disabilities or whose primary language is not English. To request a document in another format such as large print or to get language assistance such as a qualified interpreter, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to:

OptumRx Civil Rights Coordinator  
11000 Optum Circle  
Eden Prairie, MN 55344

Phone: **1-800-562-6223**, TTY **711**  
Fax: 855-351-5495  
Email: **Optum\_Civil\_Rights@Optum.com**

If you need help filing a complaint, please call the number located on the back of your prescription ID card, TTY 711. Representatives are available 24 hours a day, seven days a week. You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone, or by mail:

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>

**Phone:** Toll-free **1-800-368-1019**, 800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services, 200 Independence Avenue,  
SW Room 509F, HHH Building Washington, D.C. 20201

This information is available in other formats like large print. To ask for another format, please call the telephone number listed on your health plan ID card.

## Multi-language interpreter services

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說**中文 (Chinese)**，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русском (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

ATANSYON: Si w pale **Kreyòl ayisyen (Haitian Creole)**, ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez **français (French)**, des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po **polsku (Polish)**, udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala **português (Portuguese)**, contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語(**Japanese**)を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, आपको भाषा सहायता सेवाएं, न:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ(Khmer)**សូមជួយស្វែងរកលេខតេឡេហ្វូនដ៏មានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខតេឡេហ្វូន ដដែលមានលេខសម្គាល់សញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'AKONÍNÍZIN: **Diné (Navajo)** bizaad bee yániit'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqodí ninaaltsoos nit'i'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'i biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.



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